



Nursing Facility Utilization Fee

15-60-101, MCA

Name _____ 1. FEIN -

Address _____ 2. Account ID - -

Address _____ 3. Period ending / /

City _____ 4. If this is an amended return, check this box.

State _____ Zip _____

5. If you are no longer in business and want your account canceled, enter your final date of operations. / /

6. If your address has changed, check this box

and print your new address _____

	a.	b.	c.	d.	e.	f.
	Bed Days Available	Bed Days Occupied	Bed Days Medicaid	Bed Days Medicare	Bed Days Other	Bed Days Private Pay
7. First Month	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8. Second Month	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9. Third Month	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10. Quarter Total	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

11. Total bed days subject to fee (line 10, column b.) The total on line 10 column b. must equal the sum of line 10, columns c, d, e, and f.

12. Total fee due. Multiply line 11 by \$15.30..... .

13. Penalty. See instructions

14. Interest. See instructions

15. Total fee due. Add lines 12, 13 and 14

Signature _____ Title _____

Date _____

Phone _____

Nursing Facility Utilization Fee Instructions

- Lines 7 through 9: Enter monthly bed day information.
- Line 10: Enter quarter totals (sum of lines 7, 8 and 9).
- Line 11: Total bed days subject to fee (line 10, column b).
- Line 12: Multiply line 11 times rate.
- Lines 13 and 14: If your return/payment is delinquent, you are subject to penalty and interest. Interest on late payments accrues until paid at a rate of 12% per year, computed from the original due date of the return. Late payment penalty is 0.5% a month on the unpaid tax, not to exceed 12%. Late file penalty is the greater of \$50 or 5% of the net tax due for each month during which there is a failure to file the return, not to exceed an amount up to 25% of the tax due.
- Line 15: Enter total amount due (sum of lines 12, 13 and 14).

How to File Your Return

E-file and pay through TransAction Portal at <https://tap.dor.mt.gov>.

OR

Mail your return and payment to Montana Department of Revenue, PO Box 5835, Helena, MT 59604-5835

Questions? Call us at (406) 444-6900.



Nursing Facility Utilization Fee Payment Instructions

e-Pay

TransAction Portal

<https://tap.dor.mt.gov>

- Pay and file online
- e-check (free) or credit/debit card (small fee)

Now Mobile!



ACH Credit Program

revenue.mt.gov under Online Services

Send payments from your financial institution. See our website for more information.

Pay by check

Help us apply your payment accurately!

- Fill out the voucher below.
 - Provide your full FEIN and Montana Account ID.
 - Identify the Period End Date that corresponds with the return you are filing.
- If you are paying for multiple tax periods, use separate vouchers for each tax period and specify the amount you want applied to that period.

- Make your check payable to Montana Department of Revenue.
- Remove your check stub.
- Write your FEIN or Account ID with period end date in the memo line of your check.
- Detach the voucher below and mail it with your check to:

Department of Revenue
PO Box 5805
Helena, MT 59604-5805

- Cut line -

Nursing Facility Utilization Fee Payment Voucher

Name _____

Address _____

Contact _____

Phone Number _____

FEIN

Account ID

Period End Date

Choose one:

Original Return

Amended Return

Amount Paid

Pay online at revenue.mt.gov